

**STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH**

**July 30, 2007
Notes**

MEMBERS PRESENT: Lise Ewald, Kitty Gallagher, George Karabakakis, Clare Munat, Marty Roberts, and Jim Walsh

DMH STAFF: Melinda Murtaugh, Terry Rowe, and Beth Tanzman

OTHERS: Anne Donahue

Marty Roberts facilitated this meeting. Standing Committee members deferred approval of the notes for June 11 until the September 10 meeting.

**2007 Report to the Legislature on the Transportation
of Individuals in the Custody of the State**

Vermont's transportation statute, 18 V.S.A. § 7311, requires that a professional who decides that an individual is in need of secure transport with mechanical restraints provide written documentation of the reasons for the determination. Marty asked where the written documentation goes. Anne Donahue answered that it goes to the Department of Mental Health's Acute Care Manager. Clare Munat asked who does the evaluations. Melinda Murtaugh said that Qualified Mental Health Professionals (QMHPs) make the evaluations.

On transportation of adults, Marty was surprised that so many women (70 out of 139 who were transported for involuntary hospitalization between April 18 and December 31, 2006) required restraints. Kitty observed that there ought to be a way to reduce the need for restraints by letting friends or family members accompany the person who is to be hospitalized. Looking at referrals by agency, Marty noted that United Counseling Service of Bennington County (UCS) stands out for the high number of patients in non-secure transport. Anne remarked that UCS has stood out in that way for a number of years; the agency has customarily used ambulances. On transports for which the Vermont State Hospital (VSH) is the deciding agency, Marty asked about the 90 percent of transports that were non-secure. Anne responded that the 90 percent includes transportation for appointments, preplacement visits, and the like, in addition to hospitalization.

The report on children transported for inpatient hospitalization is much more encouraging in regard to the changes that have been made, Anne said. The children's report covers the period September 14, 2005-January 31, 2007. A year before this time period, Anne told the Standing Committee, virtually 100 percent of children going to the Brattleboro Retreat were sent in secure transportation; now less than half of them have to have secure transportation. Clare remarked that it will be interesting to see what the report looks like next year. Anne expressed her belief that the differences are primarily cultural; some other states do not use secure transportation at all. Marty added that it is also encouraging to see the good response to training offered.

Membership Report

Marty announced that Governor James H. Douglas has appointed Lise Ewald to the Statewide Program Standing Committee. Committee members welcomed Lise as a new member. The Governor has also reappointed Marty and Clare to the Statewide Program Standing Committee, and other committee members expressed their approval. The Standing Committee is still recruiting another consumer member as well as a provider.

Clinical Practices Advisory Panel (CPAP)

The CPAP makes recommendations in regard to the adoption (or adaptation) of Evidence-Based Practices. Marty has been serving on the group but cannot continue to do so. Marty thinks that it is important for CPAP to have at least two consumer members, so anyone who is interested should speak up. The meetings are on Friday afternoons every few months.

Designated Agency Sustainability Study

The second study, also done by the Pacific Health Policy Research Group, is currently in progress. It is important for someone from the Standing Committee to be involved in this group too, Marty said, or at least the Standing Committee should invite periodic updates. These meetings are held once a month on Wednesday afternoons, usually in Waterbury. Kitty said that she might be able to attend but would like more information. Marty will provide it.

Statewide System of Care Plan, 2008-2010

Kitty asked that information about Recovery Specialists and peers helping peers be added to the employment data. Linda Corey knows a lot, and so do CRT Directors.

Marty suggested that numbers of clients served would be good information to have about Evidence-Based Practices (page 19). Examples of values-based practices and emerging practices would also be good (page 23).

Add the following to the section on gaps in support:

- Lack of sufficient psychiatric time
- Lack of range of outpatient services to keep people from escalating
- Timely access to services
- Other kinds of supports available to Community Rehabilitation and Treatment (CRT) clients
- Information about trauma services available at agencies
- Need for information on mandated training for all staff of Washington County Mental Health (WCMHS), also the Trauma Specialist at the Agency of Human Services (AHS)
- Services for transition-aged youth

Standing Committee members discussed how useful and effective it would be to have peer services available in emergency rooms. Kitty said that she has been trying to promote the idea at the Rutland Regional Medical Center. Marty mentioned the Amistad program for training peer assistants in Maine. Jim brought up the Joint Commission's advice to patients to be accompanied by advocates during admission for inpatient hospitalization.

The Standing Committee will probably have the next draft of the Statewide System of Care Plan for review at the October meeting.

Report on Peer Initiatives

Three new peer initiatives have been funded with money from Vermont's block grant this year:

- ✓ The Living Room, in Randolph: It is a room entirely for consumer use at the Clara Martin Center's new location. It is intended for socialization, computer access, and other activities that consumers choose.
- ✓ Computer development in Lamoille County: The grant funds a computer and software for lessons, and a newsletter is starting up as well.
- ✓ Warm line in Rutland: The service is for the whole county, not just CRT clients. It is primarily peer-run, with an expectation that eight peer staff will soon be trained.

Futures Peer Support Work Group

Marty said that a peer support work group has been meeting since last fall to plan peer supports as part of the Futures project. She talked about the New Hampshire model for a peer respite program staffed by peers. It is a holistic approach to crisis stabilization.

VSH Focus Groups

These groups are generally well attended, Kitty said. The same patients tend to come month after month. Some patients simply are not ready to listen to information about their rights, she added. The most important issues continue to be desire for more computers and computer access, and frustration over not being able to go to other floors or to get outside sometimes. Jerry Page accompanied her on her rounds earlier this month.

Marty added feedback from the Wednesday night groups, in which patients say that they want skills training and help in finding jobs. They also want other meaningful things to do while they are hospitalized.

Kitty complained about the lack of therapy at VSH. Jim Walsh expressed his view that hospitals really do not do therapy, but they should be therapeutic.

Public Comment

Representative Anne Donahue offered public comment on the following topics:

- ⌘ Updating the name of the Howard Center for Human Services to HowardCenter
- ⌘ Recovery potential of people with schizophrenia
- ⌘ Possible consumer candidates for the Treatment Review Panel
- ⌘ The new inpatient program at the Rutland Regional Medical Center
- ⌘ Rumor of a suicide attempt at the Vermont State Hospital
- ⌘ Restoration of the Department of Mental Health
- ⌘ Mock survey recently at VSH
- ⌘ Expansion of community recovery residences
- ⌘ Collaboration between Mental Health and Corrections

VSH Report: Terry Rowe

Terry gave a very brief overview of the exit interview with JCAHO Resources, which conducted a mock survey June 27-29 as part of VSH's preparation for filing for reaccreditation by the Center for Medicare and Medicaid Services (CMS). The consultants looked through any number of reports and other documents, and they also paid attention to the environment of care and the hospital's physical plant, Terry said. Their final comment was that they are seeing much progress since they were last here in October 2006. VSH will focus on three primary areas in the next ninety days:

- ◆ Continuous improvement of the treatment process and interventions that flow from that,
- ◆ A change of software to track significant events for event reporting, and
- ◆ Therapeutic services/psychosocial rehabilitation

In general, the conclusion is that VSH is "within parameters" to seek reaccreditation, although issues relating to patient safety and the availability of data need further work.

Kitty raised a number of issues with Terry in regard to VSH patients:

- ◆ Their input into treatment planning
- ◆ Patient access to the outdoors
- ◆ Desire for work, skills training, and other activities

Marty asked about the membership of the Treatment Review Panel. A nurse has volunteered for that vacancy, Terry replied, and added that she has followed up on a name suggested by Marty for consumer representation.

Jim asked about the attempted suicide recently at VSH. Terry gave some basic clarifying information, then went on to note the very real need for a clear definition of "attempted suicide." She also stated that the State Hospital is doing a root-cause analysis of this incident.

Anne mentioned an interview that she had with Jerry Page, the new patient representative at VSH. The article will appear in the fall *Counterpoint*.

Futures and DMH Updates: Beth Tanzman

Vermont's New Department of Health. Beth reminded the Standing Committee that the Division of Mental Health became the Department of Mental Health on July 1, 2007. Cynthia D. LaWare, Secretary of the Agency of Human Services, appointed Michael Hartman to be the Commissioner of the new department and Beth to be Deputy Commissioner. The enabling legislation expands the responsibilities of the new department beyond what they were under the Department of Developmental and Mental Health Services. DMH is now mandated to look to the mental health of all Vermonters—and not only, as previously, priority populations. The new department also has a broader public-health mission, Beth said.

To understand DMH's broader health mission, Beth continued, we must start answering such questions as how to improve the health status of adults with serious mental illness. She referred to a recent study that found that individuals with mental illnesses die twenty-five years sooner than the general population because of co-occurring conditions such as cardiovascular disease, cancer, and other physical disorders.

Kitty suggested a need for educating primary care physicians about psychiatric medications. George Karabakakis mentioned past or ongoing initiatives at designated agencies (for example, health and depression projects and the Medical Home initiative focusing on diabetes). Health Care and Rehabilitation Services of Southeastern Vermont and Washington County Mental Health are continuing these programs, at least to some degree—but, George added, we need to build such practices into the culture of the public mental-health system. Marty observed that patients need more information about atypical antipsychotic medications and their side effects (for example, cardiovascular complications and diabetes).

Looking ahead, Beth said that she expects to stay heavily involved with the Futures Project, especially in policy and planning development. She asked Standing Committee members to let her know if they know anyone who might be a good candidate for a new Futures Director. In addition, Beth will be paying more attention to Children's mental health.

Commissioner's Transformation Advisory Council. The legislation establishing the Commissioner's Council is not altogether clear, Beth said. Its eventual sunset suggests that it should focus on Futures planning. The statute specifies consumer and family representation, but otherwise the Commissioner seems to have wide discretion in determining not only membership but also the functions of the council.

Beth sees the Commissioner's Council as complementary to the Statewide Program Standing Committee, not at all a competitor. The Vermont State Hospital Governing Body should function as a real board of directors. The Futures Advisory Committee also recommended considering the possibility of reconstituting the old Board of Mental Health, which stopped meeting when the Standing Committees came into being.

What would make the Transformation Advisory Council more meaningful for consumers and families? Beth asked. Responses included:

- ✪ Give more thought to evening meetings

- ✧ Continue stipends and mileage
- ✧ Try to target groups of three or four people from one place
- ✧ Move meeting locations around the state
- ✧ Consider Interactive Television as an alternative way to participate
- ✧ Talk to Field Services Directors about possible members

Standing Committee members should send Beth any other ideas that they may have.

Lise Ewald asked a last question about the mission of the Transformation Advisory Council. Most succinctly stated, Beth said, its mission is to replace the Futures Advisory Committee as an outlet for consumer and family voices and more generally to contribute to the transformation of the public mental-health system.

Futures Planning. Beth touched on important Futures developments:

- ❖ Some of the work groups are continuing to meet; look for public notices of time and place (the two active work groups currently are dealing with Corrections issues and peer services)
- ❖ A legislatively mandated independent study of the Futures Project has begun. A preliminary report is due in September; the final report is due in November.

Technical Assistance Grants from the Substance Abuse and Mental Health Services Administration. Options still under consideration include:

- ☒ Consumer and family involvement
- ☒ Training for peer specialists
- ☒ Staff training on consumer-directed treatment plans
- ☒ Core skills for line staff

September Agenda Items

- ✿ Introductions, review of agenda, minutes (June 11 and July 30)
- ✿ Sustainability Study
- ✿ Trauma presentation: Margaret Joyal
- ✿ VSH: Terry Rowe
- ✿ Peer initiatives (with peer presenters)
- ✿ Agenda for October 1 meeting